

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT SEATTLE

STATE OF WASHINGTON, et al.,

NO.

Plaintiffs,

DECLARATION OF JOHN CONNOLLY

V.

DONALD J. TRUMP, in his official capacity as President of the United States of America, et al.,

Defendants.

DECLARATION OF JOHN CONNOLLY

I, John Connolly, declare as follows:

1. I am over the age of 18, competent to testify as to the matters herein, and make this declaration based on my personal knowledge. I am an Assistant Commissioner of the Minnesota Department of Human Services, which is referred to as DHS, and the State of Minnesota's Medicaid Director. I have been an employee of the State of Minnesota and worked at DHS for one year and five months, and I have overseen the state's Medicaid program and MinnesotaCare, described herein, the entire time of my employment. I have served in state or county government in the area of health policy or public health for approximately ten years.

2. DHS sets policies and directs payments for many of the services delivered within Minnesota and the tribal lands within the state. As one of the largest state agencies in Minnesota, DHS and related agencies administer about one-third of the state budget. Our largest financial responsibility is to provide health care coverage for low-income Minnesotans. We are also responsible for providing services for elders; people with disabilities and behavioral health needs; and those experiencing homelessness.

3. Health equity, meaning the fair and just distribution of health resources for all populations, is a key component of DHS operations, including benefit design decisions. DHS has a mission statement guiding its work, providing that, “[i]n collaboration with community and partners, DHS supports people to thrive in community and live their healthiest and fullest lives,” which includes the concept of health equity. DHS has a vision statement providing that “[a]ll people in Minnesota have what they need to thrive in community with no disparities,” which again includes the concept of health equity. Finally, DHS has a values statement, which provides as follows and again includes the concept of health equity:

We focus on people, not programs. **We provide ladders up and safety nets** for the people we serve. **We work in partnership with others**; we cannot do it alone. **We are accountable for results** to the people we serve and all Minnesotans. DHS practices these shared values in an ethical environment where

1 integrity, trustworthiness, responsibility, respect, diversity, justice, fairness and
2 caring are of paramount importance.

3 4. DHS is the designated single state agency responsible for administering
4 Minnesota's Medicaid program, which is known as Medical Assistance or "MA," for
5 Minnesotans with low incomes. DHS also administers MinnesotaCare, Minnesota's Basic
6 Health Program, or BHP. In addition, DHS oversees other aspects of the Minnesota Health Care
7 Programs, or MHCPS.

8 5. Minnesota's Medical Assistance program, or MA, is the state Medicaid program.
9 MA is Minnesota's largest health care program and serves children and families, pregnant
10 women, adults without children, seniors, and people who are blind or have a disability within
11 certain eligibility requirements. MA pays for a variety of health care services including doctor's
12 visits, prescription medications, and hospital services. Attached as **Exhibit A** is a July, 2024
13 summary of Minnesota's Medical Assistance program prepared by the Minnesota House of
14 Representative's House Research Department, which provides nonpartisan, neutral research and
15 legal services to the Minnesota House of Representatives. Exhibit A is a public document made
16 freely available for public use and generally describes Minnesota's Medical Assistance program.

17 6. MinnesotaCare is the state's Basic Health Program for Minnesotans with low
18 incomes. MinnesotaCare pays for a variety of health care services including doctor's visits,
19 prescription medications, and hospital services. Attached as **Exhibit B** is an October, 2024
20 summary of the MinnesotaCare program prepared by the Minnesota House of Representative's
21 House Research Department. Exhibit B is a public document made freely available for public
22 use and generally describes the MinnesotaCare program.

23 7. DHS's operation of MA, Minnesota's Medicaid program, also includes use of
24 enhanced funding for some populations from the Children's Health Insurance Program (CHIP),
25 both of which are federal programs regulated by the U.S. Department of Health and Human

1 Services. Medicaid and CHIP are jointly funded by both state and federal dollars, though at
2 different rates.

3 8. DHS purchases health care for nearly 1.3 million people through MA and
4 MinnesotaCare.

5 9. MA and MinnesotaCare generally provides coverage for gender affirming care,
6 including but not limited to puberty blockers, hormone therapy, and gender-affirming surgical
7 procedures. These services are available to individuals, including but not limited to adolescents
8 and young adults under the age of 19, when deemed medically necessary by qualified health care
9 professionals. MA and MinnesotaCare coverage generally aligns with evidence-based medical
10 standards and national guidelines from organizations such as the American Academy of
11 Pediatrics, the American Medical Association, the Endocrine Society, and the World
12 Professional Association for Transgender Health (WPATH), which is mentioned in the
13 Executive Order referenced in paragraph 12, and remains a globally recognized authority on
14 gender affirming care, with its Standards of Care being widely adopted by medical institutions
15 worldwide. The coverage for these services in Minnesota was established in coordination with
16 the Minnesota Health Services Advisory Council, comprised of fourteen members, as established
17 and provided in Minnesota Statutes section 256B.0625, subdivisions 3c through 3e.

18 10. DHS is required under Minnesota state law to provide coverage for gender-
19 affirming care, including the treatments outlined above. This provision is found in Minnesota
20 Statutes section 256B.0625, subdivision 3(a), which also references the definition of gender-
21 affirming care in section 62Q.585. It is my understanding that there has also been litigation in
22 Minnesota about coverage of gender-affirming care, finding that such care was required.

23 11. I understand that the President has issued an Executive Order that targets use
24 of puberty blockers, the use of sex hormones, and/or surgical procedures as gender affirming
25 care for individuals under 19 years of age.

1 12. The Executive Order threatens medically-necessary health care for Minnesotans,
2 which our MA and MinnesotaCare programs are charged with providing for our members. This
3 creates potential barriers to our members receiving medically-necessary care, increasing the risk
4 of untreated gender dysphoria and associated health complications. We have a responsibility to
5 provide access to medically-necessary care for our members who qualify under the MA and
6 MinnesotaCare programs.

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8 I declare under penalty of perjury under the laws of the State of Minnesota and the
9 United States of America that the foregoing is true and correct.

10 DATED and SIGNED this 5th day of February, 2025, at St. Paul, Minnesota.

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19 JOHN CONNOLLY
20 Assistant Commissioner
21 Minnesota Department of Human Services
22 State of Minnesota
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